

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: 02/17/07				2 Serial/Patent # 09/942463												
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT								
<input type="checkbox"/> Filing								\$								
<input type="checkbox"/> Amendment								\$								
<input checked="" type="checkbox"/> Extension of Time						08/01/06		\$ 1,080.00								
<input type="checkbox"/> Notice of Appeal/Appeal								\$								
<input type="checkbox"/> Petition								\$								
<input type="checkbox"/> Issue								\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.								\$								
<input type="checkbox"/> Maintenance								\$								
<input type="checkbox"/> Assignment								\$								
<input type="checkbox"/> Other								\$								
				7 TOTAL AMOUNT OF REFUND			\$ 1,080.00									
				8 TO BE REFUNDED BY:												
				<input type="checkbox"/> Treasury Check												
10 REASON:				<input checked="" type="checkbox"/> Credit Deposit A/C #:												
<input type="checkbox"/> Overpayment				9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">5</td> </tr> </table>						0	6	--	1	0	7	5
0	6	--	1	0	7	5										
<input type="checkbox"/> Duplicate Payment																
<input checked="" type="checkbox"/> No Fee Due (Explanation):																
Late																
11 REFUND REQUESTED BY:																
TYPED/PRINTED NAME: Frances Hicks					TITLE: Petitions Examiner											
SIGNATURE: <i>Frances Hicks</i>					PHONE: x23218											
OFFICE: Office of Petitions																
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																
APPROVED: <i>Chick</i>					DATE: 2/20/07											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**